

Previewing Only: You cannot submit data from this form



Previewing at Level 1

REF ID1Cole, R. C., Morandi, F., Avenell, J., and Daniel, G. B. Trans-splenic portal scintigraphy in normal dogs
Radiol Ultrasound2005462146-52

State: Excluded, Level: Abstract Review

Save to finish later

Submit Data

1. Does this article **POTENTIALLY apply** to any of our Key Questions?

- Potentially eligible
- Ineligible--contains NO USEFUL INFORMATION
- Ineligible--SAVE as a reference article/ SCAN references

[Clear Selection](#)

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Previewing at Level 3

REF ID: I1Cole, R. C., Morandi, F., Avenell, J., and Daniel, G. B. Trans-splenic portal scintigraphy in normal dogs
 Radiol Ultrasound 2005;46:2146-52
 State: Excluded, Level: Abstract Review

1. After reviewing the ENTIRE article, should this article be included in the review?

YES

NO

[Clear Selection](#)

2. Exclusion criteria. Check all that apply:

Not English language

No human data

Meeting abstract--no full article for review

Includes ONLY subjects less than 18 year of age

Exposure is NOT the PHE (at least one group in the intervention must meet the minimum definition of the PHE)

Article focuses on specific preventive measures ONLY without mention of the global PHE

Clinical preventive services delivered only during opportunistic visit (e.g., illness or symptom-related visit) without mention of the PHE

Article does not apply to any of the key questions

No Original Data -- no useful information

No Original Data -- pull for reference check

No eligible comparison group (not pre-post, historical control, clinical trial, or concurrent cohort)

No eligible comparison group but article contains valuable qualitative information

Other



3. KEY QUESTIONS: (check all that apply)

Key Question 2: What is the evidence that a PHE, delivered at different patient ages or different frequencies, is associated with benefits (i.e. improved outcomes) compared to care without a PHE (e.g. usual care or opportunistic delivery of clinical preventive services)? GO TO question 4 and choose outcomes

Key Question 3: What is the evidence that a PHE, delivered at different patient ages or different frequencies, is associated with harms (i.e. worse outcomes) compared to care without a PHE (e.g. usual care or opportunistic delivery of clinical preventive services)? GO TO question 5 and choose outcomes

Key Question 4: What system-based interventions improve the receipt or delivery of the PHE (e.g. cost sharing such as deductibles, provider reminders)? See the "Minimum definition of the PHE"

4. Key Question 2 outcomes (choose all that apply):

a. Delivery of recommended clinical preventive services

b. Patient attitudes/perceptions (e.g. knowledge, satisfaction, trust, respect)

c. Behavioral outcomes (e.g. tobacco cessation, adherence)

d. Proximal/intermediate clinical outcomes (e.g. cholesterol lowering, disease management)

e. Distal clinical outcomes (e.g. measurable clinical events such as death, myocardial infarction)

f. Economic outcomes (cost savings, improved health care utilization)

g. Public Health (e.g. improvements in family and community health, communicable disease containment)

5. Key Question 3 outcomes (choose all that apply):

- a. Delivery of non-recommended clinical preventive services
- b. Patient attitudes/perceptions (e.g. worry/anxiety)
- c. Behavioral outcomes (e.g. continuation of risky behaviors)
- d. Proximal/intermediate clinical outcomes (e.g. complications from testing)
- e. Distal clinical outcomes (e.g. measurable clinical events such as death)
- f. Economic outcomes (induced costs, less efficient health care utilization)
- g. Public Health (e.g. declines in family and community health)

DEFINITION OF THE PHE

The Periodic Health Evaluation (PHE) consists of one or more visits with a health care provider for the primary purpose of assessing a patient's overall health and risk factors for disease which may be prevented by early intervention. During the PHE, health care providers perform a history and risk assessment, followed by a physical exam. Based on the information gathered, patients may receive counseling, immunizations, lab testing or arrangements for other preventive health services during the evaluation. This opportunity may serve to improve intermediate and long-term patient outcomes and ultimately the public's health by appropriate clinical management of chronic conditions, patient education, and fostering the patient-provider relationship. The PHE has the potential to affect patient health and health care cost for the individual, the health care industry, and society as a whole.

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Previewing at Level 4

Refid: 1, Cole, R. C., Morandi, F., Avenell, J., and Daniel, G. B., Trans-splenic portal scintigraphy in normal dogs, Vet Radiol Ultrasound, 46(2), 2005, p.146-52
State: Excluded, Level: 2

Save to finish later Submit Data

1. Pull previous article on this study for methods description (fill in only if this applies).

Pull reference # [input field] [icon]

Clear Selection

STUDY CHARACTERISTICS

2. What is the study design?

Randomized controlled trial
Controlled trial, non-randomized
Concurrent cohort
Historical comparison
Pre-post comparison
Other (specify) [input field] [icon]
Not reported

Clear Selection

3. What are the years that the study was conducted?

If this information is not given please enter "NS" in each of the boxes below.

Year beginning [input field] [icon]
Year ending 199 [input field] [icon]

4. Length of study follow-up

Months [input field] [icon]
Years [input field] [icon]
Not specified
not applicable (cross-sectional study)

Clear Selection

5. What country(ies) was the study conducted in (choose all that apply).

U.S.
U.K.
Canada
Japan
Other [input field] [icon]
Other [input field] [icon]
Other [input field] [icon]

6. Check all that apply about the study setting:

- Urban
- Suburban
- Rural
- unclear

HEALTH CARE DELIVERY STRUCTURE

Choose all that apply to STUDY RECRUITMENT

7. Health care delivery system site (check all that apply):

- Physician office
- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic
- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Housestaff clinic
- Other health care site 
- Not specified
- Not applicable

8. Non-health care site (check all that apply):

- Worksite
- Non-worksite community setting
- Health fair
- Public place (i.e., supermarket), specify: 
- Other 

9. Health Plan (check all that apply):

- Commercial insurance
- Medicare
- Medicaid
- VA/ other DOD

- National health plan
- Staff model HMO
- Other managed care plan
- Employer health plan
- Other _____ 
- Not specified
- Not applicable

10. Who are the subjects?

- Patients
- How many patient comparison groups? _____ 
- Health providers
- How many provider comparison groups? _____ 
- Both (when choosing this option fill out the number of comparison groups for providers and patients, but do not choose

[Clear Selection](#)

STUDY ELIGIBILITY CRITERIA for PATIENTS

11. Age range

Minimum 

Maximum 

Average 

Unclear

12. Gender

- Male
- Female
- Both

[Clear Selection](#)

13. Select one or more racial or ethnic groups

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Latino/Hispanic
- White
- Not Specified
- Other 
- Other 

14. Is the patient an employee?

- Yes
 No
 Not applicable

[Clear Selection](#)

15. Is the patient an executive?

- Yes
 No
 Not Applicable

[Clear Selection](#)

16. Is the patient a dependant?

- Yes
 No
 Not applicable

[Clear Selection](#)

17. Health insurance plan type (check all that apply)

- Commercial insurance
 Medicare
 Medicaid
 VA/other US DOD
 National Health Insurance
 Managed Care Plan
 Staff Model HMO
 Other managed care plan
 Employer health plan
 Not Specified
 Other (specify) 

18. Visit to practice required?

- Yes
 No
 Not Specified

[Clear Selection](#)

19. Initial visit only?

- Yes
 No
 Not applicable

[Clear Selection](#)

20. Number of visits:

[Enlarge](#) [Shrink](#)

21. Over what time period:

[Enlarge](#) [Shrink](#)

22. Specific health conditions (check all that apply):

- Hypertension
- Diabetes mellitus
- Tobacco smoking
- Hyperlipidemia
- Obesity
- Renal disease
- COPD
- Coronary artery disease
- Cancer
- Not Specified

- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 
- Other 

<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

STUDY ELIGIBILITY CRITERIA for PROVIDERS

23. Were there provider eligibility criteria?

- Yes
- No

[Clear Selection](#)

24. Provider Type (check all that apply):

- Internists
- General Internists
- Obstetricians/Gynecologists
- Family Practitioners
- General Practitioners
- Medical sub-specialist (physician) | 
- Other specialist | 
- Housestaff
- Fellows
- Medical students
- Physicians NOS
- Other physicians | 
- Nurses
- Nurse practitioners
- Physician assistants
- Health provider NOS
- Other health provider | 
- Office Staff
- Not specified
- Not Applicable

Health Care Delivery Structure (includes health care delivery system site, non-health care site, and health plan). Click all that apply to PROVIDER ELIGIBILITY CRITERIA

25. Health care delivery system site (check all that apply):

- Physician office
- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic
- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Other health care site _____ 
- Not specified
- Not applicable

26. Non-health care site (check all that apply):

- Worksite
- Non-worksite community setting
- Health fair
- Public place (i.e., supermarket), specify: _____ 
- Other _____ 
- Not specified
- Not Applicable

27. Health Plan (check all that apply):

- Commercial insurance
- Medicare
- Medicaid
- VA/ other DOD
- National health plan
- Staff model HMO

- Other managed care plan
- Employer health plan
- Other
- Not Specified
- Not Applicable



28. Provider experience

Number of years in training

Number of years since training

Number of years in practice

- Information not provided

TARGET PATIENT POPULATION CHARACTERISTICS

complete for each group of subjects

29.

COMPARISON GROUP 1 (define)



[Enlarge](#) [Shrink](#)

How is the PHE defined in GROUP 1?

30. Frequency. check all that apply

- Periodic (define)
- Annual (define)
- Initial visit
- Pre-employment
- Employment exam
- Scheduled
- Unclear
- not applicable
- Usual care

WHAT COMPONENTS WERE PART OF THE PHE FOR GROUP 1?

Minimum included: part of the defined PHE in the study.

May have included: defined in the articles as "may have occurred"

31. Visit

Minimum included

May have included

History and risk assessment including:

	Minimum included	May have included
32. Diet	<input type="checkbox"/>	<input type="checkbox"/>
33. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
34. Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
35. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
36. Safe sexual practices	<input type="checkbox"/>	<input type="checkbox"/>
37. Tobacco smoking	<input type="checkbox"/>	<input type="checkbox"/>
38. Calcium intake	<input type="checkbox"/>	<input type="checkbox"/>
39. Folic acid	<input type="checkbox"/>	<input type="checkbox"/>
40. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>
41. Oral health	<input type="checkbox"/>	<input type="checkbox"/>
42. Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>

Physical exam including:

	Minimum included	May have included
43. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
44. Height	<input type="checkbox"/>	<input type="checkbox"/>
45. Weight	<input type="checkbox"/>	<input type="checkbox"/>
46. Pulse	<input type="checkbox"/>	<input type="checkbox"/>
47. Cardiac exam	<input type="checkbox"/>	<input type="checkbox"/>
48. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>
49. Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
50. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
51. Breast	<input type="checkbox"/>	<input type="checkbox"/>
52. Gynecologic	<input type="checkbox"/>	<input type="checkbox"/>
53. Rectal	<input type="checkbox"/>	<input type="checkbox"/>
54. Prostate	<input type="checkbox"/>	<input type="checkbox"/>
55. Foot Exam	<input type="checkbox"/>	<input type="checkbox"/>
56. Eye exam (fundoscopic)	<input type="checkbox"/>	<input type="checkbox"/>

- 57. Physical exam not otherwise specified
- 58. Other 1 (define below)
- 59. Other 2 (define below)
- 60. Other 3 (define below)

61. Define: Other 1

[Enlarge](#) [Shrink](#)

62. Define: Other 2

[Enlarge](#) [Shrink](#)

63. Define: Other

[Enlarge](#) [Shrink](#)

Was any counseling given as a part of or as a result of the PHE for GROUP 1?

- | | Part of PHE | Result of PHE | |
|-----------------------------|-----------------------|-----------------------|-----------------------|
| 64. Diet | <input type="radio"/> | <input type="radio"/> | Clear |
| 65. Physical activity | <input type="radio"/> | <input type="radio"/> | Clear |
| 66. Alcohol/substance abuse | <input type="radio"/> | <input type="radio"/> | Clear |
| 67. Injury prevention | <input type="radio"/> | <input type="radio"/> | Clear |
| 68. Safe sexual practices | <input type="radio"/> | <input type="radio"/> | Clear |
| 69. Smoking | <input type="radio"/> | <input type="radio"/> | Clear |
| 70. Folic Acid | <input type="radio"/> | <input type="radio"/> | Clear |
| 71. Sun exposure | <input type="radio"/> | <input type="radio"/> | Clear |
| 72. Oral health | <input type="radio"/> | <input type="radio"/> | Clear |
| 73. Polypharmacy | <input type="radio"/> | <input type="radio"/> | Clear |
| 74. Unspecified counseling | <input type="radio"/> | <input type="radio"/> | Clear |

75. Were any immunizations ordered or performed as part of the PHE for GROUP 1?

- Yes
- No or not applicable

[Clear Selection](#)

Specify Performed Ordered



- 76. Immunization 1
- 77. Immunization 2 
- 78. Immunization 3 

Was any testing performed or ordered as a result of the PHE for GROUP 1?

- | | Performed | Ordered | |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| 79. Pap smear | <input type="radio"/> | <input type="radio"/> | Clear |
| 80. GC/chyl screen | <input type="radio"/> | <input type="radio"/> | Clear |
| 81. Audiometry | <input type="radio"/> | <input type="radio"/> | Clear |
| 82. Vision testing | <input type="radio"/> | <input type="radio"/> | Clear |
| 83. EKG | <input type="radio"/> | <input type="radio"/> | Clear |
| 84. CXR | <input type="radio"/> | <input type="radio"/> | Clear |
| 85. Mammography | <input type="radio"/> | <input type="radio"/> | Clear |
| 86. Colon cancer screening | <input type="radio"/> | <input type="radio"/> | Clear |
| 87. Sigmoidoscopy | <input type="radio"/> | <input type="radio"/> | Clear |
| 88. Colonoscopy | <input type="radio"/> | <input type="radio"/> | Clear |
| 89. Fecal occult blood | <input type="radio"/> | <input type="radio"/> | Clear |
| 90. Bone mineral density testing | <input type="radio"/> | <input type="radio"/> | Clear |
| 91. Glucose (lab) | <input type="radio"/> | <input type="radio"/> | Clear |
| 92. Lipids (lab) | <input type="radio"/> | <input type="radio"/> | Clear |
| 93. HgbA1C | <input type="radio"/> | <input type="radio"/> | Clear |
| 94. CBC | <input type="radio"/> | <input type="radio"/> | Clear |
| 95. Chem-7 | <input type="radio"/> | <input type="radio"/> | Clear |
| 96. PSA | <input type="radio"/> | <input type="radio"/> | Clear |
| 97. U/A | <input type="radio"/> | <input type="radio"/> | Clear |
| 98. TB | <input type="radio"/> | <input type="radio"/> | Clear |
| 99. Other 1 | <input type="radio"/> | <input type="radio"/> | Clear |
| 100. Other 2 | <input type="radio"/> | <input type="radio"/> | Clear |
| 101. Other 3 | <input type="radio"/> | <input type="radio"/> | Clear |
| 102. Define Other 1 for labs | | | |

[Enlarge](#) [Shrink](#)

103. Define other 2 for labs



[Enlarge](#) [Shrink](#)

104. Define Other 3 for labs

[Enlarge](#) [Shrink](#)

105.

Is the exposure to the PHE defined in the same way across groups?

Yes

No

[Clear Selection](#)

DESCRIPTION OF THE INTERVENTION for GROUP 1

106. Was there an intervention outside of the PHE in the study?

Yes

No

[Clear Selection](#)

107. Who was the target of the intervention?

Providers/office staff

Office Staff/administration

Patients

108. Who was the outcome measured on?

Providers/office staff

Office staff/administration

Patients

109. Interventions targeting providers/office staff, check all that apply.

Chart-based reminder

Computer-based reminder

Provider detailing

Financial incentives

CME incentives

Other



110. Interventions targeting patients, check all that apply.

Written material (e.g., letter, invitation)

Reminder

Phone call

Incentive (gift)

Financial incentive (change in co-pay/deductible)

- Financial incentive (offer free health care)
- Patient-held medical record
- Other



111. Is the intervention the same across groups?

- Yes
- No

[Clear Selection](#)

GENERAL CHARACTERISTICS FOR GROUP 1

	N	%
112. Female		
113. American Indian or Alaska Native		
114. Asian		
115. Black or African American		
116. Native Hawaiian or other Pacific Islander		
117. Latino/Hispanic		
118. White		
119. Other		
120. Low socioeconomic status		
121. Rural		
122. Income (describe)		

[Enlarge](#) [Shrink](#)

123. Define "Other" for Comparison Group 1

[Enlarge](#) [Shrink](#)

124. Define "low socioeconomic status" for Comparison Group 1

[Enlarge](#) [Shrink](#)

125. Define "rural" for Comparison Group 1

[Enlarge](#) [Shrink](#)

CLINICAL CHARACTERISTICS FOR GROUP 1

	N	%
126. Age		
127. Hypertension		
128. Diabetes mellitus		
129. Tobacco smoking		
130. Hyperlipidemia		
131. Obesity		
132. Renal disease		
133. COPD		
134. Coronary artery disease		
135. Cancer		
136. Other		

137. Define "other" clinical condition for Comparison Group 1.

[Enlarge](#) [Shrink](#)

EMPLOYMENT/INSURANCE CHARACTERISTICS FOR GROUP 1

	N	%
138. Executive employee		
139. Non-executive employee		
140. Employee dependant		
141. Commercial insurance		
142. Medicare		
143. Medicaid		
144. VA/ other US DOD		
145. National health insurance		
146. Managed care plan		
147. Staff model HMO		

148. Other managed care plan

149. Employer health plan

150. Other health plan

151. Define other managed care plan for comparison group 1

[Enlarge](#) [Shrink](#)

152. Define other health plan for comparison group 1

[Enlarge](#) [Shrink](#)

153. Other information not captured in previous questions.

[Enlarge](#) [Shrink](#)

154. *****

COMPARISON GROUP 2 (define)

[Enlarge](#) [Shrink](#)

How is the PHE defined in this study for GROUP 2?

155. Frequency. check all that apply

- Periodic (define)
- Annual (define)
- Initial visit
- Pre-employment
- Employment exam
- Scheduled
- Unclear
- Not applicable
- Usual care

WHAT COMPONENTS WERE PART OF THE PHE FOR GROUP 2?

Minimum included: part of the defined PHE in the study.

May have included: defined in the articles as "may have occurred"

156. Visit

 Minimum included May have included

History and risk assessment including:

	Minimum included	May have included
157. Diet	<input type="checkbox"/>	<input type="checkbox"/>
158. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
159. Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
160. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
161. Safe sexual practices	<input type="checkbox"/>	<input type="checkbox"/>
162. Tobacco smoking	<input type="checkbox"/>	<input type="checkbox"/>
163. Calcium intake	<input type="checkbox"/>	<input type="checkbox"/>
164. Folic acid	<input type="checkbox"/>	<input type="checkbox"/>
165. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>
166. Oral health	<input type="checkbox"/>	<input type="checkbox"/>
167. Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>

Physical exam including:

	Minimum included	May have included
168. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
169. Height	<input type="checkbox"/>	<input type="checkbox"/>
170. Weight	<input type="checkbox"/>	<input type="checkbox"/>
171. Pulse	<input type="checkbox"/>	<input type="checkbox"/>
172. Cardiac exam	<input type="checkbox"/>	<input type="checkbox"/>
173. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>
174. Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
175. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
176. Breast	<input type="checkbox"/>	<input type="checkbox"/>
177. Gynecologic	<input type="checkbox"/>	<input type="checkbox"/>
178. Rectal	<input type="checkbox"/>	<input type="checkbox"/>
179. Prostate	<input type="checkbox"/>	<input type="checkbox"/>
180. Foot Exam	<input type="checkbox"/>	<input type="checkbox"/>
181. Eye exam (fundoscopic)	<input type="checkbox"/>	<input type="checkbox"/>
182. Physical exam not otherwise specified	<input type="checkbox"/>	<input type="checkbox"/>
183. Other 1 (define below)	<input type="checkbox"/>	<input type="checkbox"/>
184. Other 2 (define below)	<input type="checkbox"/>	<input type="checkbox"/>

185. Other 3 (define below)

186. Define: Other 1

[Enlarge](#) [Shrink](#)

187. Define: Other 2

[Enlarge](#) [Shrink](#)

188. Define: Other 3

[Enlarge](#) [Shrink](#)

Was any counseling given as a part of or as a result of the PHE for GROUP 2?

	Part of PHE	Result of PHE	
189. Diet	<input type="radio"/>	<input type="radio"/>	Clear
190. Physical activity	<input type="radio"/>	<input type="radio"/>	Clear
191. Alcohol/substance abuse	<input type="radio"/>	<input type="radio"/>	Clear
192. Injury prevention	<input type="radio"/>	<input type="radio"/>	Clear
193. Safe sexual practices	<input type="radio"/>	<input type="radio"/>	Clear
194. Smoking	<input type="radio"/>	<input type="radio"/>	Clear
195. Folic Acid	<input type="radio"/>	<input type="radio"/>	Clear
196. Sun exposure	<input type="radio"/>	<input type="radio"/>	Clear
197. Oral health	<input type="radio"/>	<input type="radio"/>	Clear
198. Polypharmacy	<input type="radio"/>	<input type="radio"/>	Clear
199. Unspecified counseling	<input type="radio"/>	<input type="radio"/>	Clear

200. Were any immunizations ordered or performed as part of the PHE for GROUP 2?

- Yes
- No or not applicable

[Clear Selection](#)

	Specify	Performed	Ordered
201. Immunization 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
202. Immunization 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
203. Immunization 3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was any testing performed or ordered as a result of the PHE for GROUP 2?

	Performed	Ordered	
204. Pap smear	<input type="radio"/>	<input type="radio"/>	Clear
205. GC/chyl screen	<input type="radio"/>	<input type="radio"/>	Clear
206. Audiometry	<input type="radio"/>	<input type="radio"/>	Clear
207. Vision testing	<input type="radio"/>	<input type="radio"/>	Clear
208. EKG	<input type="radio"/>	<input type="radio"/>	Clear
209. CXR	<input type="radio"/>	<input type="radio"/>	Clear
210. Mammography	<input type="radio"/>	<input type="radio"/>	Clear
211. Colon cancer screening	<input type="radio"/>	<input type="radio"/>	Clear
212. Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	Clear
213. Colonoscopy	<input type="radio"/>	<input type="radio"/>	Clear
214. Fecal occult blood	<input type="radio"/>	<input type="radio"/>	Clear
215. Bone mineral density testing	<input type="radio"/>	<input type="radio"/>	Clear
216. Glucose (lab)	<input type="radio"/>	<input type="radio"/>	Clear
217. Lipids (lab)	<input type="radio"/>	<input type="radio"/>	Clear
218. HgbA1C	<input type="radio"/>	<input type="radio"/>	Clear
219. CBC	<input type="radio"/>	<input type="radio"/>	Clear
220. Chem-7	<input type="radio"/>	<input type="radio"/>	Clear
221. PSA	<input type="radio"/>	<input type="radio"/>	Clear
222. U/A	<input type="radio"/>	<input type="radio"/>	Clear
223. TB	<input type="radio"/>	<input type="radio"/>	Clear
224. Other 1	<input type="radio"/>	<input type="radio"/>	Clear
225. Other 2	<input type="radio"/>	<input type="radio"/>	Clear
226. Other 3	<input type="radio"/>	<input type="radio"/>	Clear

227. Define Other 1 for labs

[Enlarge](#) [Shrink](#)

228. Define other 2 for labs

[Enlarge](#) [Shrink](#)

229. Define Other 3 for labs

[Enlarge](#) [Shrink](#)

DESCRIPTION OF THE INTERVENTION for GROUP 2

230. Was there an intervention outside of the PHE in the study?

- Yes
- No

[Clear Selection](#)

231. Who was the target of the intervention?

- Providers/office staff
- Office Staff/administration
- Patients

232. Who was the outcome measured on?

- Providers/office staff
- Office staff/administration
- Patients

233. Interventions targeting providers/office staff, check all that apply.

- Chart-based reminder
- Computer-based reminder
- Provider detailing
- Financial incentives
- CME incentives
- Other 

234. Interventions targeting patients, check all that apply.

- Written material (e.g., letter, invitation)
- Reminder
- Phone call
- Incentive (gift)
- Financial incentive (change in co-pay/deductible)
- Financial incentive (offer free health care)
- Patient-held medical record
- Other 

GENERAL CHARACTERISTICS FOR GROUP 2

	N	%
235. Female	<input type="text" value=""/>	<input type="text" value=""/>
236. American Indian or Alaska Native	<input type="text" value=""/>	<input type="text" value=""/>
237. Asian	<input type="text" value=""/>	<input type="text" value=""/>
238. Black or African American	<input type="text" value=""/>	<input type="text" value=""/>
239. Native Hawaiian or other Pacific Islander	<input type="text" value=""/>	<input type="text" value=""/>
240. Latino/Hispanic	<input type="text" value=""/>	<input type="text" value=""/>

- 241. White  
- 242. Other  
- 243. Low socioeconomic status  
- 244. Rural  
- 245. Income (describe)

[Enlarge](#) [Shrink](#)

246. Define "Other" for Comparison Group 2

[Enlarge](#) [Shrink](#)

247. Define "low socioeconomic status" for Comparison Group 2

[Enlarge](#) [Shrink](#)

248. Define "rural" for Comparison Group 2

[Enlarge](#) [Shrink](#)

CLINICAL CHARACTERISTICS FOR GROUP 2

	N	%
249. Age	<input type="text"/> 	<input type="text"/> 
250. Hypertension	<input type="text"/> 	<input type="text"/> 
251. Diabetes mellitus	<input type="text"/> 	<input type="text"/> 
252. Tobacco smoking	<input type="text"/> 	<input type="text"/> 
253. Hyperlipidemia	<input type="text"/> 	<input type="text"/> 
254. Obesity	<input type="text"/> 	<input type="text"/> 
255. Renal disease	<input type="text"/> 	<input type="text"/> 
256. COPD	<input type="text"/> 	<input type="text"/> 
257. Coronary artery disease	<input type="text"/> 	<input type="text"/> 
258. Cancer	<input type="text"/> 	<input type="text"/> 
259. Other	<input type="text"/> 	<input type="text"/> 

260. Define "other" clinical condition for Comparison Group 2.

[Enlarge](#) [Shrink](#)

EMPLOYMENT/INSURANCE CHARACTERISTICS FOR GROUP 2

	N		%
261. Executive employee			
262. Non-executive employee			
263. Employee dependant			
264. Commercial insurance			
265. Medicare			
266. Medicaid			
267. VA/ other US DOD			
268. National health insurance			
269. Managed care plan			
270. Staff model HMO			
271. Other managed care plan			
272. Employer health plan			
273. Other health plan			

274. Define other managed care plan for comparison group 2

[Enlarge](#) [Shrink](#)

275. Define other health plan for comparison group 2.

[Enlarge](#) [Shrink](#)

276. Other information not captured in previous questions.

[Enlarge](#) [Shrink](#)

277. *****

COMPARISON GROUP 3 (define)

[Enlarge](#) [Shrink](#)

How is the PHE defined in this study for GROUP 3?

278. Frequency. check all that apply

- Periodic (define) 
- Annual (define) 
- Initial visit
- Pre-employment
- Employment exam
- Scheduled
- Unclear
- Not applicable
- Usual care

WHAT COMPONENTS WERE PART OF THE PHE FOR GROUP 3?

Minimum included: part of the defined PHE in the study.

May have included: defined in the articles as "may have occurred"

279. Visit

- Minimum included
- May have included

History and risk assessment including:

	Minimum included	May have included
280. Diet	<input type="checkbox"/>	<input type="checkbox"/>
281. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
282. Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
283. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
284. Safe sexual practices	<input type="checkbox"/>	<input type="checkbox"/>
285. Tobacco smoking	<input type="checkbox"/>	<input type="checkbox"/>
286. Calcium intake	<input type="checkbox"/>	<input type="checkbox"/>
287. Folic acid	<input type="checkbox"/>	<input type="checkbox"/>
288. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>
289. Oral health	<input type="checkbox"/>	<input type="checkbox"/>
290. Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>

Physical exam including:

	Minimum included	May have included
291. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

- 292. Height
- 293. Weight
- 294. Pulse
- 295. Cardiac exam
- 296. Pulmonary
- 297. Abdominal
- 298. Neurologic
- 299. Breast
- 300. Gynecologic
- 301. Rectal
- 302. Prostate
- 303. Foot Exam
- 304. Eye exam (fundoscopic)
- 305. Physical exam not otherwise specified
- 306. Other 1 (define below)
- 307. Other 2 (define below)
- 308. Other 3 (define below)

309. Define: Other 1

[Enlarge](#) [Shrink](#)

310. Define: Other 2

[Enlarge](#) [Shrink](#)

311. Define: Other 3

[Enlarge](#) [Shrink](#)

Was any counseling given as a part of or as a result of the PHE for GROUP 3?

Part of PHE Result of PHE

- 312. Diet [Clear](#)
- 313. Physical activity [Clear](#)
- 314. Alcohol/substance abuse [Clear](#)
- 315. Injury prevention [Clear](#)
- 316. Safe sexual practices [Clear](#)

- 317. Smoking [Clear](#)
- 318. Folic Acid [Clear](#)
- 319. Sun exposure [Clear](#)
- 320. Oral health [Clear](#)
- 321. Polypharmacy [Clear](#)
- 322. Unspecified counseling [Clear](#)

323. Were any immunizations ordered or performed as part of the PHE for GROUP 3?

- Yes
- No or not applicable

[Clear Selection](#)

	Specify		Performed	Ordered
324. Immunization 1	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
325. Immunization 2	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
326. Immunization 3	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>

Was any testing performed or ordered as a result of the PHE for GROUP 3?

	Performed	Ordered	
327. Pap smear	<input type="radio"/>	<input type="radio"/>	Clear
328. GC/chyl screen	<input type="radio"/>	<input type="radio"/>	Clear
329. Audiometry	<input type="radio"/>	<input type="radio"/>	Clear
330. Vision testing	<input type="radio"/>	<input type="radio"/>	Clear
331. EKG	<input type="radio"/>	<input type="radio"/>	Clear
332. CXR	<input type="radio"/>	<input type="radio"/>	Clear
333. Mammography	<input type="radio"/>	<input type="radio"/>	Clear
334. Colon cancer screening	<input type="radio"/>	<input type="radio"/>	Clear
335. Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	Clear
336. Colonoscopy	<input type="radio"/>	<input type="radio"/>	Clear
337. Fecal occult blood	<input type="radio"/>	<input type="radio"/>	Clear
338. Bone mineral density testing	<input type="radio"/>	<input type="radio"/>	Clear
339. Glucose (lab)	<input type="radio"/>	<input type="radio"/>	Clear
340. Lipids (lab)	<input type="radio"/>	<input type="radio"/>	Clear
341. HgbA1C	<input type="radio"/>	<input type="radio"/>	Clear
342. CBC	<input type="radio"/>	<input type="radio"/>	Clear
343. Chem-7	<input type="radio"/>	<input type="radio"/>	Clear
344. PSA	<input type="radio"/>	<input type="radio"/>	Clear
345. U/A	<input type="radio"/>	<input type="radio"/>	Clear

346. TB [Clear](#)
347. Other 1 [Clear](#)
348. Other 2 [Clear](#)
349. Other 3 [Clear](#)

350. Define Other 1 for labs

[Enlarge](#) [Shrink](#)

351. Define other 2 for labs

[Enlarge](#) [Shrink](#)

352. Define Other 3 for labs

[Enlarge](#) [Shrink](#)

DESCRIPTION OF THE INTERVENTION FOR GROUP 3

353. Was there an intervention outside of the PHE in the study?

- Yes
- No

[Clear Selection](#)

354. Who was the target of the intervention?

- Providers/office staff
- Office Staff/administration
- Patients

355. Who was the outcome measured on?

- Providers/office staff
- Office staff/administration
- Patients

356. Interventions targeting providers/office staff, check all that apply.

- Chart-based reminder
- Computer-based reminder
- Provider detailing
- Financial incentives
- CME incentives
- Other 

357. Interventions targeting patients, check all that apply.

- Written material (e.g., letter, invitation)

- Reminder
- Phone call
- Incentive (gift)
- Financial incentive (change in co-pay/deductible)
- Financial incentive (offer free health care)
- Patient-held medical record
- Other 

GENERAL CHARACTERISTICS FOR GROUP 3

	N	%
358. Female		
359. American Indian or Alaska Native		
360. Asian		
361. Black or African American		
362. Native Hawaiian or other Pacific Islander		
363. Latino/Hispanic		
364. White		
365. Other		
366. Low socioeconomic status		
367. Rural		
368. Income (describe)		

[Enlarge](#) [Shrink](#)

369. Define "Other" for Comparison Group 3

[Enlarge](#) [Shrink](#)

370. Define "low socioeconomic status" for Comparison Group 3

[Enlarge](#) [Shrink](#)

371. Define "rural" for Comparison Group 3

[Enlarge](#) [Shrink](#)

CLINICAL CHARACTERISTICS FOR GROUP 3

	N	%
372. Age		

373. Hypertension		
374. Diabetes mellitus		
375. Tobacco smoking		
376. Hyperlipidemia		
377. Obesity		
378. Renal disease		
379. COPD		
380. Coronary artery disease		
381. Cancer		
382. Other		

383. Define "other" clinical condition for Comparison Group 3.

[Enlarge](#) [Shrink](#)

EMPLOYMENT/INSURANCE CHARACTERISTICS FOR GROUP 3

	N	%
384. Executive employee		
385. Non-executive employee		
386. Employee dependant		
387. Commercial insurance		
388. Medicare		
389. Medicaid		
390. VA/ other US DOD		
391. National health insurance		
392. Managed care plan		
393. Staff model HMO		
394. Other managed care plan		
395. Employer health plan		
396. Other health plan		

397. Define other managed care plan for comparison group 3

[Enlarge](#) [Shrink](#)

398. Define other health plan for comparison group 3.

[Enlarge](#) [Shrink](#)

399. Other information not captured in previous questions.

[Enlarge](#) [Shrink](#)

400. *****

COMPARISON GROUP 4 (define)

[Enlarge](#) [Shrink](#)

How is the PHE defined in this study for GROUP 4?

401. Frequency. check all that apply

- Periodic (define) 
- Annual (define) 
- Initial visit
- Pre-employment
- Employment exam
- Scheduled
- Unclear
- Not applicable
- Usual care

WHAT COMPONENTS WERE PART OF THE PHE FOR GROUP 4?

Minimum included: part of the defined PHE in the study.

May have included: defined in the articles as "may have occurred"

402. Visit

- Minimum included
- May have included

History and risk assessment including:

	Minimum included	May have included
403. Diet	<input type="checkbox"/>	<input type="checkbox"/>
404. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
405. Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
406. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
407. Safe sexual practices	<input type="checkbox"/>	<input type="checkbox"/>
408. Tobacco smoking	<input type="checkbox"/>	<input type="checkbox"/>
409. Calcium intake	<input type="checkbox"/>	<input type="checkbox"/>
410. Folic acid	<input type="checkbox"/>	<input type="checkbox"/>
411. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>
412. Oral health	<input type="checkbox"/>	<input type="checkbox"/>
413. Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>

Physical exam including:

	Minimum included	May have included
414. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
415. Height	<input type="checkbox"/>	<input type="checkbox"/>
416. Weight	<input type="checkbox"/>	<input type="checkbox"/>
417. Pulse	<input type="checkbox"/>	<input type="checkbox"/>
418. Cardiac exam	<input type="checkbox"/>	<input type="checkbox"/>
419. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>
420. Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
421. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
422. Breast	<input type="checkbox"/>	<input type="checkbox"/>
423. Gynecologic	<input type="checkbox"/>	<input type="checkbox"/>
424. Rectal	<input type="checkbox"/>	<input type="checkbox"/>
425. Prostate	<input type="checkbox"/>	<input type="checkbox"/>
426. Foot Exam	<input type="checkbox"/>	<input type="checkbox"/>
427. Eye exam (fundoscopic)	<input type="checkbox"/>	<input type="checkbox"/>
428. Physical exam not otherwise specified	<input type="checkbox"/>	<input type="checkbox"/>
429. Other 1 (define below)	<input type="checkbox"/>	<input type="checkbox"/>
430. Other 2 (define below)	<input type="checkbox"/>	<input type="checkbox"/>
431. Other 3 (define below)	<input type="checkbox"/>	<input type="checkbox"/>

432. Define: Other 1

[Enlarge](#) [Shrink](#)

433. Define: Other 2



[Enlarge](#) [Shrink](#)

434. Define: Other 3

[Enlarge](#) [Shrink](#)

Was any counseling given as a part of or as a result of the PHE for GROUP 4?

	Part of PHE	Result of PHE	
435. Diet	<input type="radio"/>	<input type="radio"/>	Clear
436. Physical activity	<input type="radio"/>	<input type="radio"/>	Clear
437. Alcohol/substance abuse	<input type="radio"/>	<input type="radio"/>	Clear
438. Injury prevention	<input type="radio"/>	<input type="radio"/>	Clear
439. Safe sexual practices	<input type="radio"/>	<input type="radio"/>	Clear
440. Smoking	<input type="radio"/>	<input type="radio"/>	Clear
441. Folic Acid	<input type="radio"/>	<input type="radio"/>	Clear
442. Sun exposure	<input type="radio"/>	<input type="radio"/>	Clear
443. Oral health	<input type="radio"/>	<input type="radio"/>	Clear
444. Polypharmacy	<input type="radio"/>	<input type="radio"/>	Clear
445. Unspecified counseling	<input type="radio"/>	<input type="radio"/>	Clear

446. **Were any immunizations ordered or performed as part of the PHE for GROUP 4?**

- Yes
- No or not applicable

[Clear Selection](#)

	Specify	Performed	Ordered
447. Immunization 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
448. Immunization 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
449. Immunization 3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was any testing performed or ordered as a result of the PHE for GROUP 4?

	Performed	Ordered	
450. Pap smear	<input type="radio"/>	<input type="radio"/>	Clear
451. GC/chyl screen	<input type="radio"/>	<input type="radio"/>	Clear
452. Audiometry	<input type="radio"/>	<input type="radio"/>	Clear
453. Vision testing	<input type="radio"/>	<input type="radio"/>	Clear
454. EKG	<input type="radio"/>	<input type="radio"/>	Clear
455. CXR	<input type="radio"/>	<input type="radio"/>	Clear

456. Mammography [Clear](#)
457. Colon cancer screening [Clear](#)
458. Sigmoidoscopy [Clear](#)
459. Colonoscopy [Clear](#)
460. Fecal occult blood [Clear](#)
461. Bone mineral density testing [Clear](#)
462. Glucose (lab) [Clear](#)
463. Lipids (lab) [Clear](#)
464. HgbA1C [Clear](#)
465. CBC [Clear](#)
466. Chem-7 [Clear](#)
467. PSA [Clear](#)
468. U/A [Clear](#)
469. TB [Clear](#)
470. Other 1 [Clear](#)
471. Other 2 [Clear](#)
472. Other 3 [Clear](#)
473. Define Other 1 for labs

[Enlarge](#) [Shrink](#)

474. Define other 2 for labs

[Enlarge](#) [Shrink](#)

475. Define Other 3 for labs

[Enlarge](#) [Shrink](#)

DESCRIPTION OF THE INTERVENTION FOR GROUP 4

476. Was there an intervention outside of the PHE in the study?

- Yes
- No

[Clear Selection](#)

477. Who was the target of the intervention?

- Providers/office staff
- Office Staff/administration

Patients

478. Who was the outcome measured on?

Providers/office staff

Office staff/administration

Patients

479. Interventions targeting providers/office staff, check all that apply.

Chart-based reminder

Computer-based reminder

Provider detailing

Financial incentives

CME incentives

Other



480. Interventions targeting patients, check all that apply.

Written material (e.g., letter, invitation)

Reminder

Phone call

Incentive (gift)

Financial incentive (change in co-pay/deductible)

Financial incentive (offer free health care)

Patient-held medical record

Other



GENERAL CHARACTERISTICS FOR GROUP 4

	N	%
481. Female		
482. American Indian or Alaska Native		
483. Asian		
484. Black or African American		
485. Native Hawaiian or other Pacific Islander		
486. Latino/Hispanic		
487. White		
488. Other		
489. Low socioeconomic status		
490. Rural		
491. Income (describe)		

[Enlarge](#) [Shrink](#)

492. Define "Other" for Comparison Group 4

[Enlarge](#) [Shrink](#)

493. Define "low socioeconomic status" for Comparison Group 4

[Enlarge](#) [Shrink](#)

494. Define "rural" for Comparison Group 4

[Enlarge](#) [Shrink](#)

CLINICAL CHARACTERISTICS FOR GROUP 4

	N	%
495. Age		
496. Hypertension		
497. Diabetes mellitus		
498. Tobacco smoking		
499. Hyperlipidemia		
500. Obesity		
501. Renal disease		
502. COPD		
503. Coronary artery disease		
504. Cancer		
505. Other		

506. Define "other" clinical condition for Comparison Group 3.

[Enlarge](#) [Shrink](#)

EMPLOYMENT/INSURANCE CHARACTERISTICS FOR GROUP 4

	N	%
507. Executive employee		
508. Non-executive employee		
509. Employee dependant		
510. Commercial insurance		

- 511. Medicare  
- 512. Medicaid  
- 513. VA/ other US DOD  
- 514. National health insurance  
- 515. Managed care plan  
- 516. Staff model HMO  
- 517. Other managed care plan  
- 518. Employer health plan  
- 519. Other health plan  

520. Define other managed care plan for comparison group 4

[Enlarge](#) [Shrink](#)

521. Define other health plan for comparison group 4.

[Enlarge](#) [Shrink](#)

522. Other information not captured in previous questions.

[Enlarge](#) [Shrink](#)

523. *****

COMPARISON GROUP 5 (define)

[Enlarge](#) [Shrink](#)

How is the PHE defined in this study for GROUP 5?

524. Frequency. check all that apply

- Periodic (define) 
- Annual (define) 
- Initial visit
- Pre-employment
- Employment exam

- Scheduled
- Unclear
- Not applicable
- Usual care

WHAT COMPONENTS WERE PART OF THE PHE FOR GROUP 5?

Minimum included: part of the defined PHE in the study.

May have included: defined in the articles as "may have occurred"

525. Visit

- Minimum included
- May have included

History and risk assessment including:

	Minimum included	May have included
526. Diet	<input type="checkbox"/>	<input type="checkbox"/>
527. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
528. Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
529. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>
530. Safe sexual practices	<input type="checkbox"/>	<input type="checkbox"/>
531. Tobacco smoking	<input type="checkbox"/>	<input type="checkbox"/>
532. Calcium intake	<input type="checkbox"/>	<input type="checkbox"/>
533. Folic acid	<input type="checkbox"/>	<input type="checkbox"/>
534. Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>
535. Oral health	<input type="checkbox"/>	<input type="checkbox"/>
536. Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>

Physical exam including:

	Minimum included	May have included
537. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
538. Height	<input type="checkbox"/>	<input type="checkbox"/>
539. Weight	<input type="checkbox"/>	<input type="checkbox"/>
540. Pulse	<input type="checkbox"/>	<input type="checkbox"/>
541. Cardiac exam	<input type="checkbox"/>	<input type="checkbox"/>
542. Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>
543. Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
544. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>

- 545. Breast
 - 546. Gynecologic
 - 547. Rectal
 - 548. Prostate
 - 549. Foot Exam
 - 550. Eye exam (fundoscopic)
 - 551. Physical exam not otherwise specified
 - 552. Other 1 (define below)
 - 553. Other 2 (define below)
 - 554. Other 3 (define below)
555. Define: Other 1

[Enlarge](#) [Shrink](#)

556. Define: Other 2

[Enlarge](#) [Shrink](#)

557. Define: Other 3

[Enlarge](#) [Shrink](#)

Was any counseling given as a part of or as a result of the PHE for GROUP 5?

- | | Part of PHE | Result of PHE | |
|------------------------------|-----------------------|-----------------------|-----------------------|
| 558. Diet | <input type="radio"/> | <input type="radio"/> | Clear |
| 559. Physical activity | <input type="radio"/> | <input type="radio"/> | Clear |
| 560. Alcohol/substance abuse | <input type="radio"/> | <input type="radio"/> | Clear |
| 561. Injury prevention | <input type="radio"/> | <input type="radio"/> | Clear |
| 562. Safe sexual practices | <input type="radio"/> | <input type="radio"/> | Clear |
| 563. Smoking | <input type="radio"/> | <input type="radio"/> | Clear |
| 564. Folic Acid | <input type="radio"/> | <input type="radio"/> | Clear |
| 565. Sun exposure | <input type="radio"/> | <input type="radio"/> | Clear |
| 566. Oral health | <input type="radio"/> | <input type="radio"/> | Clear |
| 567. Polypharmacy | <input type="radio"/> | <input type="radio"/> | Clear |
| 568. Unspecified counseling | <input type="radio"/> | <input type="radio"/> | Clear |

569. Were any immunizations ordered or performed as part of the PHE for GROUP 5?

- Yes
- No or not applicable

[Clear Selection](#)

	Specify		Performed	Ordered
570. Immunization 1			<input type="checkbox"/>	<input type="checkbox"/>
571. Immunization 2			<input type="checkbox"/>	<input type="checkbox"/>
572. Immunization 3			<input type="checkbox"/>	<input type="checkbox"/>

Was any testing performed or ordered as a result of the PHE for GROUP 5?

	Performed	Ordered	
573. Pap smear	<input type="radio"/>	<input type="radio"/>	Clear
574. GC/chyl screen	<input type="radio"/>	<input type="radio"/>	Clear
575. Audiometry	<input type="radio"/>	<input type="radio"/>	Clear
576. Vision testing	<input type="radio"/>	<input type="radio"/>	Clear
577. EKG	<input type="radio"/>	<input type="radio"/>	Clear
578. CXR	<input type="radio"/>	<input type="radio"/>	Clear
579. Mammography	<input type="radio"/>	<input type="radio"/>	Clear
580. Colon cancer screening	<input type="radio"/>	<input type="radio"/>	Clear
581. Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	Clear
582. Colonoscopy	<input type="radio"/>	<input type="radio"/>	Clear
583. Fecal occult blood	<input type="radio"/>	<input type="radio"/>	Clear
584. Bone mineral density testing	<input type="radio"/>	<input type="radio"/>	Clear
585. Glucose (lab)	<input type="radio"/>	<input type="radio"/>	Clear
586. Lipids (lab)	<input type="radio"/>	<input type="radio"/>	Clear
587. HgbA1C	<input type="radio"/>	<input type="radio"/>	Clear
588. CBC	<input type="radio"/>	<input type="radio"/>	Clear
589. Chem-7	<input type="radio"/>	<input type="radio"/>	Clear
590. PSA	<input type="radio"/>	<input type="radio"/>	Clear
591. U/A	<input type="radio"/>	<input type="radio"/>	Clear
592. TB	<input type="radio"/>	<input type="radio"/>	Clear
593. Other 1	<input type="radio"/>	<input type="radio"/>	Clear
594. Other 2	<input type="radio"/>	<input type="radio"/>	Clear
595. Other 3	<input type="radio"/>	<input type="radio"/>	Clear
596. Define Other 1 for labs			

[Enlarge](#) [Shrink](#)

597. Define other 2 for labs

[Enlarge](#) [Shrink](#)

598. Define Other 3 for labs

[Enlarge](#) [Shrink](#)

DESCRIPTION OF THE INTERVENTION FOR GROUP 5

599. Was there an intervention outside of the PHE in the study?

Yes

No

[Clear Selection](#)

600. Who was the target of the intervention?

Providers/office staff

Office Staff/administration

Patients

601. Who was the outcome measured on?

Providers/office staff

Office staff/administration

Patients

602. Interventions targeting providers/office staff, check all that apply.

Chart-based reminder

Computer-based reminder

Provider detailing

Financial incentives

CME incentives

Other _____ 

603. Interventions targeting patients, check all that apply.

Written material (e.g., letter, invitation)

Reminder

Phone call

Incentive (gift)

Financial incentive (change in co-pay/deductible)

Financial incentive (offer free health care)

Patient-held medical record

Other _____ 

GENERAL CHARACTERISTICS FOR GROUP 5

	N	%
604. Female		
605. American Indian or Alaska Native		
606. Asian		
607. Black or African American		
608. Native Hawaiian or other Pacific Islander		
609. Latino/Hispanic		
610. White		
611. Other		
612. Low socioeconomic status		
613. Rural		
614. Income (describe)		

[Enlarge](#) [Shrink](#)

615. Define "Other" for Comparison Group 5

[Enlarge](#) [Shrink](#)

616. Define "low socioeconomic status" for Comparison Group 5

[Enlarge](#) [Shrink](#)

617. Define "rural" for Comparison Group 5

[Enlarge](#) [Shrink](#)

CLINICAL CHARACTERISTICS FOR GROUP 5

	N	%
618. Age		
619. Hypertension		
620. Diabetes mellitus		
621. Tobacco smoking		
622. Hyperlipidemia		
623. Obesity		
624. Renal disease		
625. COPD		

626. Coronary artery disease		
627. Cancer		
628. Other		

629. Define "other" clinical condition for Comparison Group 5.

[Enlarge](#) [Shrink](#)

EMPLOYMENT/INSURANCE CHARACTERISTICS FOR GROUP 5

	N	%
630. Executive employee		
631. Non-executive employee		
632. Employee dependant		
633. Commercial insurance		
634. Medicare		
635. Medicaid		
636. VA/ other US DOD		
637. National health insurance		
638. Managed care plan		
639. Staff model HMO		
640. Other managed care plan		
641. Employer health plan		
642. Other health plan		

643. Define other managed care plan for comparison group 5

[Enlarge](#) [Shrink](#)

644. Define other health plan for comparison group 5.

[Enlarge](#) [Shrink](#)

645. Other information not captured in previous questions.

[Enlarge](#) [Shrink](#)

TARGET PROVIDER POPULATION CHARACTERISTICS

646.

COMPARISON GROUP 1 (define)

[Enlarge](#) [Shrink](#)

GENERAL CHARACTERISTICS FOR PROVIDER GROUP 1

	N	%
647. Female	<input type="text"/>	<input type="text"/>
648. American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
649. Asian	<input type="text"/>	<input type="text"/>
650. Black or African American	<input type="text"/>	<input type="text"/>
651. Native Hawaiian or other Pacific Islander	<input type="text"/>	<input type="text"/>
652. Latino/Hispanic	<input type="text"/>	<input type="text"/>
653. White	<input type="text"/>	<input type="text"/>
654. Other	<input type="text"/>	<input type="text"/>
655. Not specified	<input type="text"/>	<input type="text"/>

656. Define "Other" for Comparison group 1

[Enlarge](#) [Shrink](#)

GENERAL PHYSICIAN EXPERIENCE FOR GROUP 1

	Mean	Median	Range
657. Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
658. Number of years in training (housestaff and fellows)	<input type="text"/>	<input type="text"/>	<input type="text"/>
659. Years since training	<input type="text"/>	<input type="text"/>	<input type="text"/>
660. Number of years in practice.	<input type="text"/>	<input type="text"/>	<input type="text"/>

661. Practice setting; where was PHE delivered? Click all that apply

Physician office

- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic
- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Other health care site 
- Worksite
- Non-work site community setting
- Health fair
- Public Place (specify) _____ 
- Commercial insurance
- Public insurance: Medicare
- Public insurance: Medicaid
- Public insurance: VA/ other US DOD
- National health insurance
- Managed care plan
- Staff model HMO
- Other managed care plan _____ 
- Employer health plan _____
- Other (specify) _____ 

662.

COMPARISON GROUP 2 (define)

[Enlarge](#) [Shrink](#)

663.



GENERAL CHARACTERISTICS FOR PROVIDER GROUP 2

- Not specified
- See below

[Clear Selection](#)

	N	%
664. Female		
665. American Indian or Alaska Native		
666. Asian		
667. Black or African American		
668. Native Hawaiian or other Pacific Islander		
669. Latino/Hispanic		
670. White		
671. Other		
672. Define "Other" for Comparison group 2		

[Enlarge](#) [Shrink](#)

GENERAL PHYSICIAN EXPERIENCE FOR GROUP 2

	Mean	Median	Range
673. Age			
674. Number of years in training (housestaff and fellows)			
675. Years since training			
676. Number of years in practice.			

677. Practice setting; where was PHE delivered? Click all that apply

- Physician office
- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic

- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Other health care site 
- Worksite
- Non-work site community setting
- Health fair
- Public Place (specify) 
- Commercial insurance
- Public insurance: Medicare
- Public insurance: Medicaid
- Public insurance: VA/ other US DOD
- National health insurance
- Managed care plan
- Staff model HMO
- Other managed care plan 
- Employer health plan
- Other (specify) 

678.

COMPARISON GROUP 3 (define)

[Enlarge](#) [Shrink](#)

679.

GENERAL CHARACTERISTICS FOR PROVIDER GROUP 3

- Not specified
- See below

[Clear Selection](#)

	N	%
680. Female		
681. American Indian or Alaska Native		

682. Asian	<input type="text"/>		<input type="text"/>	
683. Black or African American	<input type="text"/>		<input type="text"/>	
684. Native Hawaiian or other Pacific Islander	<input type="text"/>		<input type="text"/>	
685. Latino/Hispanic	<input type="text"/>		<input type="text"/>	
686. White	<input type="text"/>		<input type="text"/>	
687. Other	<input type="text"/>		<input type="text"/>	
688. Define "Other" for Comparison group 3				

[Enlarge](#) [Shrink](#)

GENERAL PHYSICIAN EXPERIENCE FOR GROUP 3

	Mean	Median	Range
689. Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
690. Number of years in training (housestaff and fellows)	<input type="text"/>	<input type="text"/>	<input type="text"/>
691. Years since training	<input type="text"/>	<input type="text"/>	<input type="text"/>
692. Number of years in practice.	<input type="text"/>	<input type="text"/>	<input type="text"/>

693. Practice setting; where was PHE delivered? Click all that apply

- Physician office
- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic
- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Other health care site 
- Worksite
- Non-work site community setting

- Health fair
- Public Place (specify) 
- Commercial insurance
- Public insurance: Medicare
- Public insurance: Medicaid
- Public insurance: VA/ other US DOD
- National health insurance
- Managed care plan
- Staff model HMO
- Other managed care plan _____ 
- Employer health plan
- Other (specify) _____ 

694.

COMPARISON GROUP 4 (define)

[Enlarge](#) [Shrink](#)

695.

GENERAL CHARACTERISTICS FOR PROVIDER GROUP 4

- Not specified
- See below

[Clear Selection](#)

	N	%
696. Female		
697. American Indian or Alaska Native		
698. Asian		
699. Black or African American		
700. Native Hawaiian or other Pacific Islander		
701. Latino/Hispanic		
702. White		
703. Other		

704. Define "Other" for Comparison group 4

[Enlarge](#) [Shrink](#)

GENERAL PHYSICIAN EXPERIENCE FOR GROUP 4

	Mean	Median	Range
705. Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
706. Number of years in training (housestaff and fellows)	<input type="text"/>	<input type="text"/>	<input type="text"/>
707. Years since training	<input type="text"/>	<input type="text"/>	<input type="text"/>
708. Number of years in practice.	<input type="text"/>	<input type="text"/>	<input type="text"/>

709. Practice setting; where was PHE delivered? Click all that apply

- Physician office
- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic
- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Other health care site
- Worksite
- Non-work site community setting
- Health fair
- Public Place (specify)
- Commercial insurance
- Public insurance: Medicare
- Public insurance: Medicaid
- Public insurance: VA/ other US DOD
- National health insurance

- Managed care plan
- Staff model HMO
- Other managed care plan 
- Employer health plan
- Other (specify) _____ 

710.

COMPARISON GROUP 5 (define)

[Enlarge](#) [Shrink](#)
711.

GENERAL CHARACTERISTICS FOR PROVIDER GROUP 5

- Not specified
- See below

[Clear Selection](#)

	N	%
712. Female		
713. American Indian or Alaska Native		
714. Asian		
715. Black or African American		
716. Native Hawaiian or other Pacific Islander		
717. Latino/Hispanic		
718. White		
719. Other		

720. Define "Other" for Comparison group 5

[Enlarge](#) [Shrink](#)

GENERAL PHYSICIAN EXPERIENCE FOR GROUP 5

	Mean	Median	Range
721. Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
722. Number of years in training (housestaff and fellows)	<input type="text"/>	<input type="text"/>	<input type="text"/>
723. Years since training	<input type="text"/>	<input type="text"/>	<input type="text"/>
724. Number of years in practice.	<input type="text"/>	<input type="text"/>	<input type="text"/>

725. Practice setting; where was PHE delivered? Click all that apply

- Physician office
- Solo practice
- Group practice
- Hospital outpatient clinic
- Academic practice
- Community health center
- Employee health clinic
- VA/other US DOD
- National health service clinic
- Family medicine practice
- Internal medicine practice
- Ob/gyn practice
- Specialty practice
- Other health care site
- Worksite
- Non-work site community setting
- Health fair
- Public Place (specify)
- Commercial insurance
- Public insurance: Medicare
- Public insurance: Medicaid
- Public insurance: VA/ other US DOD
- National health insurance
- Managed care plan
- Staff model HMO
- Other managed care plan
- Employer health plan
- Other (specify)

AUDITOR INFORMATION

this section IS NOT to be completed by reviewer #1

726. Auditor information

Auditor Name



Auditor review completion date



727. Auditor Notes



[Enlarge](#) [Shrink](#)

Save to finish later

Submit Data

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Previewing at Level 5

Refid: 1, Cole, R. C., Morandi, F., Avenell, J., and Daniel, G. B., Trans-splenic portal scintigraphy in normal dogs, *Vet Radiol Ultrasound*, 46(2), 2005, p.146-52
State: Excluded, Level: 2

Save to finish later

Submit Data

STUDY DESIGN

1. What is the design of the study?

- Randomized controlled trial.
- Nonrandomized controlled trial
- Prospective cohort study with comparison group
- Retrospective cohort study with comparison group
- Mixed prospective/retrospective cohort study with comparison group
- Case-control study
- Pre-post comparison study with comparison group
- Other



[Clear Selection](#)

STUDY POPULATION SELECTION

2. How good was the randomization to treatment groups and how difficult would it have been to manipulate the randomization?

- Excellent ((centralized randomization scheme [randomized in different location than treatment] and study monitor)
- Good (centralized randomization scheme or study monitor but not both)
- Fair (neither centralized randomization scheme or study monitor)
- Poor (insufficient documentation of randomization scheme or highly questionable methods)
- Does not apply

[Clear Selection](#)

3. How appropriate was the control group?

- Excellent (chosen from an appropriate concurrent population of subjects)
- Good (chosen from a concurrent but not ideal population of subjects)
- Fair (chosen from a historical population of subjects)
- Poor (no information given on origin of control group)
- Can't tell
- Does not apply

[Clear Selection](#)

4. Were the control and treatment groups of enrolled subjects comparable at the beginning of the study?

- Excellent (No significant difference in any characteristic likely to affect success of intervention or other outcome)
- Good (Minor differences in one or more characteristics unlikely to affect success of intervention or other outcome)

- Fair (Moderate differences in one or more characteristics which may affect success of intervention or other outcome)
- Poor (Major differences in one or more characteristics likely to affect success of intervention or other outcome)
- Can't tell
- Does not apply

[Clear Selection](#)

5. How well were the inclusion and exclusion criteria for subjects described in the study?

- Excellent (The inclusion and exclusion criteria were specifically and clearly stated or it was specified that all consecutive subjects were enrolled)
- Good (The inclusion and exclusion criteria were stated reasonably completely and clearly, but could have been improved on one or two items)
- Fair (The inclusion and exclusion criteria appeared to be lacking in a few items)
- Poor (No description of specific inclusion and exclusion criteria)
- Can't tell

[Clear Selection](#)

6. How well were the characteristics of the study population described?

- Excellent (All important subject characteristics are reported, including age, gender, race. For patients, at least one other aspect of socioeconomic status or comorbidities. For providers, specialty and type of practice.)
- Good (Most of the important subject characteristics are reported, 1-2 missing or characteristics are not classified by subgroup)
- Fair (Some of the important subject characteristics are reported, >2 missing. Characteristics may not be classified by subgroup.)
- Poor (Few or none of the important subject characteristics are reported. Characteristics may not be classified by subgroup.)
- Can't tell

[Clear Selection](#)

7. How similar were the sociodemographic and/or clinical characteristics of the subjects who enrolled and the eligible subjects who did not enroll?

- Excellent (No significant difference in any characteristic likely to affect success of intervention or other outcome)
- Good (Minor differences in one or more characteristics unlikely to affect success of intervention or other outcome)
- Fair (Moderate differences in one or more characteristics which may affect success of intervention or other outcome)
- Poor (Major differences in one or more characteristics likely to affect success of intervention or other outcome)
- Can't tell

[Clear Selection](#)

8. Did the authors specify the reasons that eligible subjects did not enroll specified?

- Yes
- No
- Not applicable (less than 10% of patients did not enroll)
- Don't know who didn't enroll

[Clear Selection](#)

STUDY PROTOCOL

9. How well did the authors describe the intervention for changing delivery of the PHE?

- Excellent (One could definitely replicate the intervention with the completeness and detail of the description. Or, in the case of a reference description, one could probably replicate the intervention.)

- Good (One could understand, but not necessarily replicate, the intervention with the detail of the description given.)
- Fair (Not nearly enough information about the intervention to fully understand it.)
- Poor (Minimal description of the intervention)

[Clear Selection](#)

10. How well did the authors describe the PHE?

- Excellent (One could definitely replicate the PHE as described in this study)
- Good (One could understand, but not necessarily replicate, the PHE as described in this study)
- Fair (Not nearly enough information about the PHE was given for the reader to fully understand what was done)
- Poor (Minimal description of the PHE)

[Clear Selection](#)

11. Description of intervention referenced?

- Yes
- No

[Clear Selection](#)

12. Were the control and treatment groups treated comparably except for the study intervention(s)?

- Excellent (The groups had no visible differences in the way they were treated)
- Good (The groups had minor differences in treatment unlikely to affect the outcome of the study)
- Fair (The groups had moderate differences in treatment which may affect the outcome of the study)
- Poor (The groups had major differences in treatment likely to affect the outcome of the study)
- Can't tell
- Does not apply

[Clear Selection](#)

13. Was there adequate blinding of the target(s) of the intervention to group assignment?

- Yes
- No
- Can't tell
- Not possible given study/intervention
- Does not apply

[Clear Selection](#)

14. Was there adequate blinding of the provider(s) of the preventive service to intervention group assignment?

- Yes
- No
- Can't tell
- Not possible given study/intervention
- Does not apply

[Clear Selection](#)

15. Was there adequate blinding of the assessor(s) of outcomes to group assignments?

- Yes

- No
- Can't tell
- Does not apply

[Clear Selection](#)

16. How were withdrawals (drop-outs while the study was ongoing) or crossovers (subjects who changed from control to intervention group, intervention to control group, or from one intervention to another) handled in the study?

- Excellent (Intention to treat and sensitivity analysis are used to examine how results would have differed depending on the inclusion or exclusion of withdrawals or crossovers)
- Good (Intention to treat analysis used without sensitivity analysis)
- Fair (Withdrawals counted as an end-result at the time of withdrawal, or numbers of cross-overs reported but without intention-to-treat or sensitivity analysis)
- Poor (Withdrawals eliminated from study at time of withdrawal or ignored, or cross-overs considered in the new group when they change groups.)
- Can't tell
- Not applicable (No withdrawals or cross-overs)

[Clear Selection](#)

17. How comparable were subjects who withdrew to retained subjects?

- Excellent (No significant difference in any characteristic likely to affect success of intervention or other outcome)
- Good (Minor differences in one or more characteristics unlikely to affect success of intervention or other outcome)
- Fair (Moderate differences in one or more characteristics which may affect success of intervention or other outcome)
- Poor (Major differences in one or more characteristics likely to affect success of intervention or other outcome)
- Can't tell
- Not applicable

[Clear Selection](#)

18. Were withdrawals comparable across intervention groups and across treatment and control arms?

- Yes
- No
- Can't tell
- Not applicable or no withdrawals

[Clear Selection](#)

19. Were reasons for withdrawal specified?

- Yes
- No
- Can't tell
- Not applicable (no withdrawals)

[Clear Selection](#)

20. Were relevant and appropriate outcomes measured in this study?

- Excellent (The outcomes measured were relevant and were appropriate for the intervention studied. Important, feasible outcomes were measured.)
- Good (The outcomes measured were relevant to the preventable condition or to behavior change and were generally appropriate for the intervention studied. Many important, feasible outcomes were measured, but some were clearly lacking.)

- Fair (The outcomes measured were relevant to the preventable condition or to behavior change, but lacked appropriateness for the intervention studied.)
- Poor (The outcomes measured were only somewhat relevant to the preventable condition or to behavior change.)
- Can't tell

[Clear Selection](#)

21. Did the length of follow-up for the intervention and frequency of outcome assessments seem appropriate for the outcomes measured?

- Excellent (The length of follow-up and frequency of outcome measurements seemed appropriate.)
- Good (Either the length of follow-up or the frequency of outcome measurements could have been improved, but both were adequate)
- Fair (Either the length of follow-up or the frequency of outcome measurements was not appropriate)
- Poor (Both the length of follow-up and the frequency of outcome measurements were not appropriate)
- Can't tell

[Clear Selection](#)

22. Did the percentage of subjects completing the intervention and evaluation seem appropriate for the main outcomes measured?

- Excellent (The percentage of subjects was desirable for the outcomes measured. Likely $\geq 85\%$.)
- Good (The percentage of subjects was acceptable for the outcomes measured. Likely 70-84%.)
- Fair (The percentage of subjects is likely lower than needed for at least one of the outcomes measured. Likely 50-69%.)
- Poor (The percentage of subjects is clearly too low for the outcomes measured. Likely less than 50%.)
- Can't tell

[Clear Selection](#)

23. Were the outcomes described so that they were understood easily?

- Yes
- No

[Clear Selection](#)

24. Was assessment of the outcomes standardized and valid?

- Excellent/Good (Both standardized and valid)
- Fair (Standardized or valid, but not both)
- Poor (Neither standardized nor valid)
- Can't tell

[Clear Selection](#)

STATISTICAL ANALYSES

25. Were power calculations reported in the study?

- A priori estimate (The number of subjects needed to detect a statistically significant difference in the study's outcomes was calculated before the study was conducted.)
- Post-hoc estimate (The number of subjects needed was calculated after the study was conducted or at an unspecified time)
- No power calculations
- Can't tell
- Not applicable

[Clear Selection](#)

26. How appropriate was the choice of statistical test(s)?

- Excellent (All tests were appropriate for the variables examined and the data distribution. Tests were named for all of the analyses.)
- Good (Most tests were appropriate for the variables examined and the data distribution. Tests were named for most of the analyses.)
- Fair (Some tests were appropriate for the variables examined and the data distribution)
- Poor (Inappropriate statistical tests for the data or no statistical analysis done)
- Can't tell

[Clear Selection](#)

27. How was statistical significance presented?

- Confidence limits with or without p-values
- P-values, but not confidence limits
- Neither p-values nor confidence limits
- Other _____ 
- Can't tell

[Clear Selection](#)

28. Were adjustments made for potential confounders or differences between comparison groups in the study? If potential confounding was present, were adjustments made?

- (Multivariate analysis performed and adequately accounted for potential confounding)
- (Multivariate analysis performed that probably accounted for potential confounding)
- Fair (Multivariate analysis performed that probably did not adequately account for potential confounding)
- Poor (No adjustment made for potential confounding)
- Can't tell
- No confounding present

[Clear Selection](#)

29. Were there potential problems with unit of analysis where a prominent outcome of the study involved an endpoint for which providers could not be assumed to be interchangeable, and patients were used as the unit of analysis when physicians should have been used? Were there potential problems with whether the intervention was targeting patients or providers?

- Yes, and the authors accounted for this in their analysis.
- Yes, and the authors acknowledge this in the discussion but not the analysis.
- Yes, and the authors did not account for this in their analysis or discussion.
- No
- Can't tell
- Does not apply

[Clear Selection](#)

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Previewing at Level 7

REF ID1Cole, R. C., Morandi, F., Avenell, J., and Daniel, G. B. Trans-splenic portal scintigraphy in normal dogs^{Vet Radiol Ultrasound}2005462146-52
State: Excluded, Level: Abstract Review

Save to finish later Submit Data

CHECK ALL OUTCOMES THAT WERE MEASURED IN THIS STUDY

CLINICAL PREVENTIVE SERVICES

Physical Exam

	Delivered	Not delivered	
1. Abdominal	<input type="radio"/>	<input type="radio"/>	Clear
2. Blood pressure	<input type="radio"/>	<input type="radio"/>	Clear
3. Breast exam	<input type="radio"/>	<input type="radio"/>	Clear
4. Cardiac Exam	<input type="radio"/>	<input type="radio"/>	Clear
5. Eye exam, general	<input type="radio"/>	<input type="radio"/>	Clear
6. Eye exam, fundoscopic	<input type="radio"/>	<input type="radio"/>	Clear
7. Gynecologic	<input type="radio"/>	<input type="radio"/>	Clear
8. Gynecologic, PAP smear	<input type="radio"/>	<input type="radio"/>	Clear
9. Gynecologic, Pap smear	<input type="radio"/>	<input type="radio"/>	Clear
10. Height	<input type="radio"/>	<input type="radio"/>	Clear
11. Neurologic	<input type="radio"/>	<input type="radio"/>	Clear
12. Prostate	<input type="radio"/>	<input type="radio"/>	Clear
13. Pulmonary	<input type="radio"/>	<input type="radio"/>	Clear
14. Pulse	<input type="radio"/>	<input type="radio"/>	Clear
15. Rectal	<input type="radio"/>	<input type="radio"/>	Clear
16. Weight	<input type="radio"/>	<input type="radio"/>	Clear
17. Physical exam not otherwise specified	<input type="radio"/>	<input type="radio"/>	Clear

	Delivered	Not delivered	Define
18. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
19. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
20. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Counseling

	Delivered	Not delivered	
21. Alcohol abuse	<input type="radio"/>	<input type="radio"/>	Clear
22. Substance abuse	<input type="radio"/>	<input type="radio"/>	Clear

- 23. Calcium intake [Clear](#)
- 24. Diet [Clear](#)
- 25. Firearms [Clear](#)
- 26. Folic acid [Clear](#)
- 27. Injury prevention [Clear](#)
- 28. Oral health [Clear](#)
- 29. Physical activity [Clear](#)
- 30. Polypharmacy [Clear](#)
- 31. Safe sexual practices (my include STD/HIV counseling) [Clear](#)
- 32. Smoking cessation [Clear](#)
- 33. Sun exposure [Clear](#)
- 34. Counseling not otherwise specified [Clear](#)

	Delivered	Not delivered	Define	
35. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
36. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
37. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

Immunization

- | | Delivered | Not Delivered | |
|--|-----------------------|-----------------------|-----------------------|
| 38. Hepatitis B | <input type="radio"/> | <input type="radio"/> | Clear |
| 39. Influenza | <input type="radio"/> | <input type="radio"/> | Clear |
| 40. Measles | <input type="radio"/> | <input type="radio"/> | Clear |
| 41. Mumps | <input type="radio"/> | <input type="radio"/> | Clear |
| 42. Pneumovax | <input type="radio"/> | <input type="radio"/> | Clear |
| 43. Rubella | <input type="radio"/> | <input type="radio"/> | Clear |
| 44. Tetanus | <input type="radio"/> | <input type="radio"/> | Clear |
| 45. Immunization not otherwise specified | <input type="radio"/> | <input type="radio"/> | Clear |

	Delivered	Not delivered	Define	
46. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
47. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
48. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

Testing

- | | Delivered | Not delivered | |
|---|-----------------------|-----------------------|-----------------------|
| 49. Bone mineral density | <input type="radio"/> | <input type="radio"/> | Clear |
| 50. Cholesterol | <input type="radio"/> | <input type="radio"/> | Clear |
| 51. Colon cancer screening, sigmoidoscopy | | | Clear |

-
- 52. Colon cancer screening, colonoscopy [Clear](#)
- 53. Colon cancer screening, fecal occult blood test [Clear](#)
- 54. GC/chlamydia [Clear](#)
- 55. Glucose [Clear](#)
- 56. Hemoglobin A1c [Clear](#)
- 57. Mammography [Clear](#)
- 58. PSA [Clear](#)
- 59. Tuberculosis skin test [Clear](#)
- 60. Testing not otherwise specified [Clear](#)

	Delivered	Not delivered	Define	
61. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
62. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
63. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

DISTAL CLINICAL OUTCOMES, general

- | | Applies | Does not apply | |
|---------------------|-----------------------|-----------------------|-----------------------|
| 64. Death | <input type="radio"/> | <input type="radio"/> | Clear |
| 65. Hospitalization | <input type="radio"/> | <input type="radio"/> | Clear |

	Applies	Does not apply	Define	
66. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
67. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
68. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

DISTAL CLINICAL OUTCOMES, Major diagnostic category

- | | Applies | Does not apply | IDC-9 code | |
|-----------------------------|--------------------------|--------------------------|----------------------|--|
| 69. Accident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 70. Cardiovascular | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 71. Central nervous system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 72. Digestive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 73. Endocrine and metabolic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 74. Mental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 75. Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 76. Neoplasm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| 77. Respiratory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |

Applies	Does not apply	Define	ICD-9 code
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

78. Other 1 _____

79. Other 2 _____  _____ 

80. Other 3 _____  _____ 

DISTAL ECONOMIC OUTCOMES

Applies Does not apply

81. Charges [Clear](#)

82. Cost [Clear](#)

83. Disability days [Clear](#)

84. Disease-specific disability days [Clear](#)

85. Work days [Clear](#)

Applies Does not apply Define

86. Other 1 _____ 

87. Other 2 _____ 

88. Other 3 _____ 

DISEASE DETECTION

Applies Does not apply

89. Accident [Clear](#)

90. Cardiovascular [Clear](#)

91. Central nervous system [Clear](#)

92. Digestive [Clear](#)

93. Endocrine and metabolic [Clear](#)

94. Mental [Clear](#)

95. Musculoskeletal [Clear](#)

96. Neoplasm [Clear](#)

97. Respiratory [Clear](#)

Applies Does not apply Define

98. Other 1 _____ 

99. Other 2 _____ 

100. Other 3 _____ 

PROXIMAL CLINICAL OUTCOMES

Applies Does not apply

101. Blood pressure, diastolic or change in DBP [Clear](#)

102. Blood pressure, systolic or change in SBP [Clear](#)

103. Cholesterol, total [Clear](#)

- 104. Cholesterol, LDL and triglycerides [Clear](#)
- 105. Cholesterol, HDL [Clear](#)
- 106. Health status [Clear](#)
- 107. Hemoglobin A1c [Clear](#)
- 108. Hypertension [Clear](#)
- 109. Weight change [Clear](#)

	Applies	Does not apply	Define
110. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
111. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
112. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 

BEHAVIORAL OUTCOMES

- | | Applies | Does not apply | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|
| 113. Adherence to recommendations | <input type="radio"/> | <input type="radio"/> | Clear |
| 114. Change in health habits | <input type="radio"/> | <input type="radio"/> | Clear |
| 115. Continuity of medical care | <input type="radio"/> | <input type="radio"/> | Clear |
| 116. Smoking cessation | <input type="radio"/> | <input type="radio"/> | Clear |

	Applies	Does not apply	Define
117. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
118. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
119. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 

PATIENT ATTITUDES

- | | Applies | Does not apply | |
|-------------------|-----------------------|-----------------------|-----------------------|
| 120. Knowledge | <input type="radio"/> | <input type="radio"/> | Clear |
| 121. Respect | <input type="radio"/> | <input type="radio"/> | Clear |
| 122. Satisfaction | <input type="radio"/> | <input type="radio"/> | Clear |

	Applies	Does not apply	Define
123. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
124. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
125. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 

PUBLIC HEALTH

	Applies	Does not apply	Define
126. Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
127. Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 
128. Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> 

If outcomes for any of the following categories have been identified please proceed to the outcome specific forms for THIS article: Delivery of Preventive Clinical Services, Distal Clinical Outcomes, Distal Economic Outcomes, Disease Detection

AUDITOR INFORMATION

this section IS NOT to be completed by reviewer #1

129. Auditor information

Auditor Name



Auditor review completion date



130. Auditor Notes

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Previewing Only: You cannot submit data from this form



Previewing at Level 8

Refid: 1, Cole, R. C., Morandi, F., Avenell, J., and Daniel, G. B., Trans-splenic portal scintigraphy in normal dogs, *Vet Radiol Ultrasound*, 46(2), 2005, p.146-52
 State: Excluded, Level: 2

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1. OUTCOME #1:

Define outcomes in order they are identified in previous questions on this form.

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2. Who assessed OUTCOME 1? check all that apply

- Practicing Health Provider
 Community health worker

3. Is OUTCOME 1 self-reported?

- Yes-physician
 Yes-patient
 No
 Not applicable

[Clear Selection](#)

4. Are the results for OUTCOME 1 adjusted for potential confounding factors?

- Yes
 No
 Not applicable

[Clear Selection](#)

5. OUTCOME 1 Adjusted for (check all that apply)

- Age
 Sex
 Race
 Insurance
 Education
 Comorbid disease
 Medication use
 Practice mix
 Provider experience
 Body mass index
 Weight
 Smoking
 Lipids
 Blood pressure
 Diabetes
 Not Specified
 Other
 Other
 Other
 Not applicable



6. Does OUTCOME 1 apply to the target patient population or providers?

- Patient
- Physician
- Both

[Clear Selection](#)

7. **OUTCOME 1**

Target **PATIENT** Population GROUP number (use group # as assigned in the General Abstraction form)

- 1
- 2
- 3
- 4
- 5
- Does not apply

8. **OUTCOME 1**

Target **PROVIDER** Population GROUP number (use group # as assigned in the General Abstraction form)

- 1
- 2
- 3
- 4
- 5
- Does not apply

9.

Specify units for **OUTCOME 1**

- Absolute number
- Diagnoses
- mmHg
- mg/dl
- pounds
- kilograms
- percentage
- dollars
- cost effectiveness ratio
- Other
- Other
- Other
- no units specified
- no applicable



10. Was there a reference/comparison group for this study?

- Yes
- No

[Clear Selection](#)

For each PATIENT group complete all that apply for OUTCOME 1

Sample size

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
11. Baseline <i>n</i>	<input type="text"/>				
12. Follow-up <i>n</i>	<input type="text"/>				

Absolute result

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
13. Baseline					
14. Follow-up					
15. Change					

Mean, baseline

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
16. Mean					
17. Standard error of mean					
18. Standard deviation					
19. Variance					

Mean, follow-up

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
20. Mean					
21. Standard error of mean					
22. Standard deviation					
23. Variance					

Mean, change

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
24. Mean					
25. Standard error of mean					
26. Standard deviation					
27. Variance					

Median, baseline

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
28. Median					
29. Standard error					
30. Standard deviation					
31. Variance					

Median, follow-up

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
32. Median					
33. Standard error					
34. Standard deviation					
35. Variance					

Median, change

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
36. Median					
37. Standard error					

38. Standard deviation					
39. Variance					

Correlation coefficient

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
40. Measured coefficient					

Odds Ratio

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
41. Odds ratio					
	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
42. Mark reference group					
43. 95% CI upper/lower					

Relative Risk

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
44. Relative risk					
	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
45. Mark reference group					
46. 95% CI upper/lower					

Hazard Ratio

	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
47. Hazard ratio					
	Patient group 1	Patient group 2	Patient group 3	Patient group 4	Patient group 5
48. Mark reference group					
49. 95% CI upper/lower					

For each PROVIDER group complete all that apply for OUTCOME 1

Sample size

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
50. n					

Absolute result

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
51. Baseline					
52. Follow-up					
53. Change					

Mean, baseline

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
54. Mean					
	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
55. Standard error of mean					
56. Standard deviation					
57. Variance					

Mean, follow-up

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
58. Mean					

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
59. Standard error of mean					
60. Standard deviation					
61. Variance					

Mean, change

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
62. Mean					
63. Standard error of mean					
64. Standard deviation					
65. Variance					

Median, baseline

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
66. Median					
67. Standard error of mean					
68. Standard deviation					
69. Variance					

Median, follow-up

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
70. Median					
71. Standard error of mean					
72. Standard deviation					
73. Variance					

Median, change

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
74. Median					
75. Standard error of mean					
76. Standard deviation					
77. Variance					

Correlation coefficient

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
78. Measured coefficient					

Odds Ratio

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
79. Odds ratio					
80. Mark reference group					
81. 95% CI upper/lower					

Relative Risk

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
82. Relative risk					

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
83. Mark reference group					
84. 95% CI upper/lower					

Hazard Ratio

	Provider group 1	Provider group 2	Provider group 3	Provider group 4	Provider group 5
85. Hazard ratio					
86. Mark reference group					
87. 95% CI upper/lower					

AUDITOR INFORMATION

this section IS NOT to be completed by reviewer #1

88. Auditor information

Auditor Name	
Auditor review completion date	

89. Auditor Notes

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